2012

Health In Idaho: A State Profile

State of Idaho - Department of Health and Welfare - Division of Public Health

General Health

		Sex		Age		
Percentage of Idaho adults	Total	Male	Female	18-34	35-64	65+
who reported their general health as "fair" or "poor."	15.6	15.2	16.0	8.2	17.2	24.5
without health care coverage.	19.3	19.4	19.1	27.0	21.2	1.2
without dental insurance.	46.7	44.4	48.9	40.7	41.6	70.3

Chronic Disease Prevalence

		Sex		Age		
Percentage of Idaho adults	Total	Male	Female	18-34	35-64	65+
ever diagnosed with diabetes.	8.5	9.3	7.7	0.9	9.0	19.4
ever diagnosed with and still had asthma.	8.5	6.4	10.5	6.8	9.4	9.0

Health Risk Behaviors

		Sex		Age		
Percentage of Idaho adults	Total	Male	Female	18-34	35-64	65+
who did not participate in leisure time physical activity.	20.3	20.1	20.4	15.1	20.3	28.4
who were overweight (BMI ≥ 25).	62.5	69.6	54.9	47.5	69.7	68.1
who were obese (BMI ≥ 30).	26.8	27.3	26.2	18.0	31.9	26.9
who were binge drinkers.	14.1	17.9	10.5	19.8	14.4	4.0
who were heavy drinkers.	5.7	6.6	4.9	6.0	6.0	4.7
who were current smokers.	16.4	16.3	16.6	21.3	15.8	8.8
who used illicit drugs in the past 12 months.	4.6	5.6	3.8	9.8	3.0	0.6

Preventive Behaviors

		Sex		Age		
Percentage of Idaho	Total	Male	Female	18-34	35-64	65+
adults who did not visit the dentist in the past 12 months.	32.4	33.4	31.5	31.3	32.8	33.6
adults who did not always wear a seat belt.	26.5	31.5	21.5	30.5	26.0	20.9

Cancer Screening

		Sex		Age			
Percentage of Idaho	Total	Male	Female	50-64	65-75	76+	50-75 ²
adults aged 50 and older who were screened for colorectal cancer according to current guidelines. 1	62.1	64.3	60.0	53.5	76.6	70.5	60.6
	Total		Female	50-64	65-74	75+	50-74 ²
women aged 50 and older who had a mammogram in the past 2 years.	68.6		68.6	68.0	72.7	65.5	69.4
	Total		Female	21-34	35-64	65+	21-65 ²
women aged 21 and older who had a Pap test in the past 3 years.	72.3		72.3	78.1	73.6	49.8	75.4
	Total	Male		40-49	50-64	65-74	75+
men aged 40 and older who discussed the benefits and harms of a Prostate Specific Antigen (PSA) test with a health professional.	23.8	23.8		13.7	28.5	29.1	26.7

¹US Preventative Services Task Force recommends adults aged 50-75 receive colorectal cancer screening with either high-sensitivity fecal occult blood testing every year, a sigmoidoscopy every 5 years with high-sensitivity fecal occult blood testing every 3 years, or a screening colonoscopy every 10 years.

Idaho Department of Health & Welfare Behavioral Risk Factor Surveillance System

What is it?

The Behavioral Risk Factor Surveillance System (BRFSS) is a method to help identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs.

The BRFSS uses a standardized telephone survey of adults aged 18 and older. The survey is conducted by all state health departments, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam with assistance from the Centers for Disease Control and Prevention (CDC). The BRFSS began in 1984 and is the largest continuously conducted telephone survey in the world, monitoring preventable chronic diseases, injuries, and infectious diseases.

Recent Changes to BRFSS

Two changes were made to BRFSS in 2011 that will ensure its data remain valid and accurately represent its target population of adults 18 and older. First, BRFSS began including interviews completed on cell phones. Since 2003 the proportion of adults living in cell phone-only households has increased. Including cell phone calls in the BRFSS study design ensures a more accurate representation of the BRFSS study population.

Second, BRFSS began using a statistical data weighting method called "iterative proportional fitting," also called "raking." In the past BRFSS used a weighting method called "post-stratification." The new BRFSS weights now assure users that the distribution of sample will properly represent the state distributions with respect to age group by gender, detailed race/ethnicity, education, marital status, gender by race/ethnicity, age group by race/ethnicity, home owner/renter status, telephone source, and region within the state.

Due to these improvements, estimates made since 2011 cannot be directly compared with those from 2010 and earlier. Shifts in observed prevalence since 2010 for BRFSS measures may simply reflect improved methods of measuring risk factors, rather than true changes in risk-factor prevalence.

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For more details on this project or any of the survey results, please contact the Bureau of Vital Records and Health Statistics at (208) 332-7326.





 $^{^{2}}$ Age category recommended for screening by US Preventative Services Task Force.